

King County School Recycling & Waste Reduction Assistance Program - 2004-05

Date of Site Visit/Interview: _____

School: _____
Address: _____
City, Zip: _____
Contact: _____
Title: _____
Phone: _____
Fax: _____
E-mail _____
Custodian _____

School District: _____
Maintenance Super _____
Phone: _____
Fax/e-mail: _____

School:

☐ Elementary

☐ Middle

☐ High

Number of:

Students: _____

Faculty/Staff _____

Classrooms _____

School District Info, number of schools:

___ Elementary

___ High

___ Middle

___ Other facilities

WASTE DISPOSAL INFORMATION:

☐ School Managed

☐ District Managed

Garbage Hauler: _____ Who pays? ☐ school ☐ district ☐ (name _____)

Container size(s) Collection frequency Fullness of container (when collected) Garbage quantity (per month)

What is the biggest problem in the waste stream? Any distinct types of waste?

RECYCLING COLLECTION INFORMATION:

Recycling Hauler: _____ How long has the school been recycling? _____

Who collects the recyclables from the classroom?

☐ Custodian

☐ Environment Club

☐ Students

☐ Other _____

Average number of bins per classroom: _____

Are they clearly labeled? _____

What are the main contamination issues?

What materials would they like to recycle but are not?

If not recycling now, why not? ☐ cost

☐ no space

☐ no hauler

☐ Other

When to do site visit: _____

When to do follow-up: _____

Interviewer's Name _____

RECYCLING INFORMATION:☐ commingle ☐ source separate**Paper Products**

- ☐ Mixed Paper
- ☐ Newspaper
- ☐ Cardboard
- ☐ Other _____

Container Size	Frequency	Fullness	Monthly Quantity

Beverage Containers

- ☐ Plastic Bottles
- ☐ Milk
Cartons/Juice Boxes
- ☐ Aluminum Cans
- ☐ Glass
- ☐ Other _____
(tin/steel from
cafeteria, etc.)

Container Size	Frequency	Fullness	Monthly Quantity

Cafeteria/Kitchen:**Lunch Trays:**

- ☐ Durable
- ☐ Cardboard
- ☐ Polystyrene
- ☐ Aluminum

Utensils:

- ☐ Durable
- ☐ Plastic
- ☐ Compostable
- ☐ Other

Condiments:

- ☐ Single serving packets
- ☐ Bulk dispensers
- ☐ Other _____

NOTES:**Yard Waste:**

- ☐ Grass Clippings
- ☐ Weeds and prunings
- ☐ Other _____

Include Food Waste/Worm bin information here

(Please note if there is an Integrated Pest Management policy -- or practices -- in place.)

Number of beverage vending machines: _____ Type of beverage container: ☐ Plastic ☐ Aluminum

Vendor Information: _____

Vendor machine locations: _____

Overall estimated recycling rate: _____% (see recycling calculation below)

Easy Method to Calculate Monthly Recycling Rate

NOTE: Be sure to use the same unit of measurements for both recycling and garbage quantities (pounds, cubic yards, tons, etc.)

1. Monthly garbage _____ + Monthly recycling _____ = Monthly solid waste _____

2. Monthly recycling _____ ÷ Monthly solid waste _____ = Monthly recycling rate _____%

WASTE REDUCTION

Classroom

- ☐ Reuse waste paper for scratch pads/draft prints
- ☐ Double sided copies
- ☐ Email messages instead of paper copies
- ☐ Reuse party/holiday decorations
- ☐ Purchase supplies in bulk
- ☐ Worm bin (Provide a space for contact person for the worm bin.
- ☐ Other _____
- ☐ Other _____

Actions Recommended

Office/Other

- ☐ Duplex printing capability
- ☐ Double sided copies
- ☐ Email messages instead of paper copies
- ☐ Reuse party/holiday decorations
- ☐ Purchasing recharged copier, printer and fax cartridges
- ☐ Durables in staff room
- ☐ Cloth towels or air dryers in bathrooms
- ☐ Worm bins
- ☐ Other _____
- ☐ Other _____

BUY RECYCLED

☐ School Managed

☐ District Managed

Actions Recommended

- ☐ Copy Paper
- ☐ Letterhead
- ☐ Garbage Bags
- ☐ Envelopes
- ☐ Business Cards
- ☐ File Folders
- ☐ Toilet paper
- ☐ Paper Towels
- ☐ Pencils
- ☐ Other _____

OTHER INFORMATION

Does school have an Environmental Club or Green Team? ☐Yes ☐No

If yes, who is the team contact? Name: _____

Phone: _____ Email: _____

Is the school interested in participating in the King County Green Schools Program?

What are the perceived barriers to increasing your waste reduction/recycling program?

Overall Evaluation:

Comments:

Follow-up Assistance:

Date _____ Types of Assistance: ☐ Phone ☐ Mail ☐ E-mail ☐ On-Site

Materials Provided:

Notes:

Date _____ Types of Assistance: ☐ Phone ☐ Mail ☐ E-mail ☐ On-Site

Materials Provided:

Notes:
